United Nations E/ICEF/2001/P/L.71

Economic and Social Council

Distr.: Limited
25 October 2001

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2001
10-14 December 2001
Item 5 of the provisional agenda*

Recommendation for funding for a short-duration country programme**

Iraq

Summary

The present document contains a recommendation for funding from regular resources and other resources for the country programme of Iraq with a duration of three years to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of $5,233,000 from regular resources, subject to the availability of funds, and $30,141,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2002 to 2004.

* E/ICEF/2001/12.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-60299 (E) 141101

Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	10.9
U5MR (per 1,000 live births) (2000)	130
IMR (per 1,000 live births) (2000)	105
Underweight (% moderate and severe) (2000)	16
Maternal mortality ratio (per 100,000 live births)	..
Literacy (% male/female) (1995)	71/45
Primary school enrolment (% net, male/female) (1997)	98/88
Primary school children reaching grade 5 (%) (1990)	72
Use of improved drinking water sources (%) (2000)	85
Routine EPI vaccines financed by Government (%)	100
GNP per capita (US$)	[b]
One-year-olds fully immunized against:	
Tuberculosis	75 per cent
Diphtheria/pertussis/tetanus	76 per cent
Measles	63 per cent
Poliomyelitis	67 per cent
Pregnant women immunized against tetanus	.. per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

[b] Estimated to be lower middle income ($756 to $2,995).

The situation of children and women

1. Over the last decade, the infant mortality rate (IMR) and under-five mortality rate (U5MR) in Iraq have more than doubled. About 20 per cent of children under five years old are underweight, and the proportion of children suffering from wasting has risen from 3 per cent in 1991 to 9.3 per cent in 1999. Together, diarrhoeal diseases and acute respiratory infections account for 70 per cent of all child deaths. Child immunization coverage rates were sustained at relatively high levels over the decade. However, between 1990 and 1998, measles and pertussis cases increased from 7,524 to 24,032 and from 489 to 1,195, respectively. There were 77 confirmed polio cases in 1999 and 4 cases in early January 2000. The low proportion of pregnant women immunized against tetanus (45 per cent) and the high proportion of home-based deliveries (65 and 61 per cent in the south and north, respectively) are of concern. There is no information on the prevalence of HIV/AIDS. The 2000 multiple indicator cluster survey (MICS-2) indicated that 50 per cent of women 15-49 years old had never heard of HIV/AIDS.

2. Schools are not being maintained, and there are severe shortages of basic school supplies and equipment. At least one half of the schools in south and central Iraq are housed in unsafe and unsanitary buildings and are unfit for teaching and learning. The lack of investment in teacher training, as well as in teaching and learning materials, has seriously affected education quality. Qualified teachers are

increasingly leaving the sector. The proportion of primary school-age children attending school fell from 92 per cent in 1991/1992 to 76 per cent in 1999/2000 (83 per cent for boys, 70 per cent for girls (MICS-2)).

3. Access to safe water in 2000 dropped from 1990 levels of 100 and 75 per cent to 92 and 46 per cent in urban and rural areas, respectively. Among the adverse factors were: the lack of an operational cash component within the Oil-for-Food Programme (OFFP), which inhibits systems maintenance and training; long power cuts; delayed delivery of supplies; rapid growth in demand from an expanding population; and the lack of new water and sanitation infrastructure. Some 500,000 tons of raw sewage is released daily into fresh water bodies. Dams upstream, outside Iraq's borders, and the continuing drought have reduced river flow by some 60 per cent and impaired water quality. On average, each child under five years old in Iraq suffers from 14 cases of diarrhoea per year.

4. In 1996, Iraq submitted its first report to the Committee on the Rights of the Child and ratified the Convention on the Elimination of All Forms of Discrimination against Women. Traditionally, the status of women in Iraq has been and continues to be comparatively high. However, the widening differences in girls' and boys' school enrolment rates are an indication that the gains for girls and women are being rapidly eroded.

5. The country's isolation and the "brain drain" over the last decade have taken a heavy toll on the social sectors. Critical weaknesses, among them the lack of an operational cash component for transportation and installation of supplies and for training, continue to affect OFFP in south and central Iraq. United Nations Security Council resolution 986 of 14 April 1995 and the subsequent Memorandum of Understanding between the Government and the United Nations allowed a limited sale of Iraqi oil to pay for imports of humanitarian supplies. The 15 governorates of south and central Iraq are allocated 53 per cent from this revenue, to be used only for supplies. More recent Security Council resolutions (1284 of 17 December 1999, 1302 of 8 June 2000, and 1330 of 17 December 2000) have the potential to improve the effectiveness of the OFFP. The provision for a cash component and the placing of a number of water and environmental sanitation (WES) items on a pre-approved list reflect changes advocated by UNICEF. However, many issues need to be resolved before these can be effectively implemented. The three northern governorates of Iraq receive 13 per cent of the oil revenue as both supplies and cash. Here, the United Nations system implements OFFP on behalf of the Government of Iraq. UNICEF is responsible for primary health care (PHC), child nutrition, primary education, water and sanitation, and child protection programmes.

Programme cooperation, 1999-2000 and 2001

6. The country programme for 2001 (E/ICEF/2000/P/L.41) was a bridging programme that allowed the conduct of a 10-year review of UNICEF cooperation in Iraq. In 2001, UNICEF resources continued to complement OFFP by providing cash for the distribution and installation of humanitarian goods and supplies and supporting training to improve the delivery and quality of services. Support also continued to be provided for the rehabilitation of the social sector infrastructure. UNICEF support to the expanded programme on immunization (EPI) and other national health programmes was crucial in a period of fluctuating and deteriorating health services, and helped to sustain immunization rates and reduce polio cases. UNICEF played a key role in assisting the Government to tackle child malnutrition.

In 2000, some 2.2 million children under five years of age were screened for malnutrition at community child care units (CCCUs), and appropriate remedial measures were taken. There are 420 more CCCUs being established in 2001 to bring the total up to 3,000.

7. In the WES sector, UNICEF provided the cash needed for training, the installation of OFFP supplies and infrastructure rehabilitation. From 1998 to 2001, UNICEF support for the rehabilitation of 39 water and sewerage systems benefited some 5.5 million people. Donor contributions are expected to rehabilitate 30 additional systems by the end of 2001 to benefit another 5 million people. Support was also given to a WES sector study and a management information system to enable longer-term planning and make more effective use of resources. Local capacity-building was supported in collaboration with CARE International. In 2001, UNICEF led a social mobilization campaign on water conservation to mitigate the effects of drought.

8. Since 1997, UNICEF support to the rehabilitation or reconstruction of primary schools benefited at least 260,500 pupils and 10,000 teachers, and has improved pupils' regular attendance and morale. In 2001, such schools are serving as effective entry points for improving education quality, promoting girls' education and integrating sectoral activities. UNICEF support to disabled children, working children, children in orphanages and traumatized children has been crucial, in view of the absence of such a component in OFFP. In collaboration with *Enfants du Monde* (Children of the World), UNICEF interventions have evolved from the rehabilitation of infrastructure to capacity-building and the use of family- and community-based approaches.

9. Research and studies have consistently informed the planning and design of programmes, which have been crucial in an emergency situation as data from routine sources have been inadequate. In communication, UNICEF worked with the Child Welfare Commission to develop and implement a comprehensive work plan involving a diverse range of partners from Iraqi society to realize children's rights. In 2001, a multisectoral study of community knowledge, attitudes and practices (KAP) was completed, based on a revised version of *Facts for Life*.

10. UNICEF also discharged its responsibility under OFFP. In the central and southern governorates, UNICEF monitored the distribution of OFFP equipment and supplies for the nutrition, water and sanitation, and education sectors. From 1996 to February 2001, 13,978 field visits were undertaken to observe the distribution of $424.8 million worth of supplies and equipment. During the same period in the three northern governorates, UNICEF was given the responsibility of planning, implementing and monitoring activities valued at $322 million.

Lessons learned from past cooperation

11. The review of UNICEF cooperation in Iraq allowed a thorough and joint analysis by UNICEF and its partners. The review found that goals had been too ambitious and that the unique nature of the situation had led to a focus on immediate needs, rather than on longer-term programme strategies. For example, training, a key strategy employed by the programme, had never been planned systematically. More holistic and intersectoral approaches were recommended. The review also noted that communication strategies were successful only in creating a demand for specific outputs, such as child immunization and growth monitoring, but not where behaviour changes were needed, such as in breastfeeding or hygiene practices. An

enabling policy environment was essential, as shown both by the success in salt iodization and immunization, and the constraints facing the promotion of breastfeeding because of the availability of infant formula on the market.

12. Even allowing for the difficult situation, the review found that programme monitoring and evaluation had been weak. The review recommended greater attention to the quality of services; more comprehensive and strategic approaches to training and behaviour change communication; more effective strategies to increase the demand for services; and low-cost strategies to enhance the coverage and impact of interventions.

Recommended programme cooperation, 2002-2004

	Estimated annual expenditure (In thousands of United States dollars)			
	2002	*2003*	*2004*	*Total*
Regular resources				
Health	317	268	235	820
Nutrition	317	267	234	818
Water and sanitation	244	205	180	629
Education	262	219	190	671
Child protection and development	116	104	91	311
Communication	132	124	115	371
Planning and social statistics	56	51	45	152
Cross-sectoral costs	487	500	474	1 461
Subtotal	**1 931**	**1 738**	**1 564**	**5 233**
Other resources				
Health	3 015	3 015	3 015	9 045
Nutrition	1 634	1 634	1 634	4 902
Water and sanitation	1 633	1 633	1 633	4 899
Education	1 759	1 759	1 759	5 277
Child protection and development	1 206	1 206	1 206	3 618
Cross-sectoral costs	800	800	800	2 400
Subtotal	**10 047**	**10 047**	**10 047**	**30 141**
Total	**11 978**	**11 785**	**11 611**	**35 374**

Country programme preparation process

13. The programme preparation process was the product of active and regular discussions with the Government, other United Nations agencies and non-governmental organizations (NGOs). The results of the 10-year comprehensive programme review were used to define the strategic role of UNICEF for the coming three years.

Country programme goals and objectives

14. The overall goal is to support Government efforts to ensure child survival, protection and development; to keep children's and women's concerns high on the national agenda; and to support the realization of the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The country programme will contribute to reducing IMR, U5MR and maternal mortality rates; reducing child malnutrition; eliminating micronutrient deficiencies; reducing water-borne diseases; increasing access to sufficient quantities of potable water and hygienic means of waste disposal; increasing primary school retention and completion rates; increasing functional literacy rates among girls and women; and addressing the needs of especially vulnerable children.

Relation to national and international priorities

15. The proposed programme, developed in close collaboration with the Government, will be closely linked to children's and women's concerns in the ongoing development of a national five-year plan. The ad hoc nature of planning within OFFP has not permitted clear setting of specific national development goals.

Programme strategy

16. The country programme will continue to employ four main strategies. First, UNICEF programme resources will complement OFFP by providing critical cash for the distribution and installation of humanitarian supplies, and supporting training and capacity-building. Second, capacity-building activities will focus on improving the delivery and quality of services. Third, other resources will support the much needed physical rehabilitation of social sector infrastructure. Fourth, assessments and studies will be used for monitoring and advocacy. UNICEF will also promote more holistic and intersectoral approaches in areas such as early childhood care and development, and adolescents' and women's participation, with a view to increasing sustainability and local ownership. Planning will pay special attention to high-risk areas and geographic convergence between programmes. The design and testing of new approaches in selected pilot governorates will use existing structures with community linkages, such as CCCUs and child-friendly schools. Overall, the programme will build on gains in service delivery and capacity-building to enable an eventual shift to greater empowerment.

17. **Health**. The programme will have nation-wide coverage. The EPI project will aim to achieve the eradication of polio by 2004; maintain 90 per cent immunization coverage; and achieve and sustain the elimination of maternal and neonatal tetanus. UNICEF will continue to provide vaccines (where there are gaps in OFFP), cold-chain equipment and logistics for national immunization campaigns, and will support training and social mobilization. The World Health Organization (WHO) will support monitoring and surveillance. The project will focus on high-risk areas identified by EPI coverage surveys.

18. The PHC project will aim to increase access to quality PHC services for mothers and children through: the rehabilitation of PHC centres in high-risk areas; coordination and monitoring of PHC centres rehabilitated by other United Nations and bilateral agencies; the integrated training of health workers to improve

performance and interpersonal skills; and community mobilization and education in preventive health, with a focus on educating adolescents in health, nutrition and life skills. The project will also seek to provide 90 per cent of pregnant women with access to quality antenatal, natal and post-natal care services, and 90 per cent of neonates with proper care services. UNICEF contributions will complement the essential obstetrical care (EOC) supplies obtained through OFFP, and will focus on enhancing the performance of health staff and traditional birth attendants in providing EOC services, neonatal care services and relevant advice to mothers, and on educating communities on the need for timely referral and care.

19. **Nutrition**. The programme comprises two projects. The nationwide child and maternal nutrition project will focus on the screening, rehabilitation and proper management of malnourished children under five years of age and on the supplementary feeding of pregnant and lactating mothers. It aims to expand the CCCU network from 3,000 to 4,000 units, thus covering some 2.7 million, or 75 per cent of all children under five years old in the south and centre of Iraq, and 1.2 million pregnant and lactating women. This will be achieved through the training of health staff and volunteers, and the provision of supplies and equipment to make up for shortfalls in the OFFP. Activities will be intensified in two pilot governorates, where all young children will be monitored. The project will also promote breastfeeding and correct feeding practices through training, media campaigns, advocacy, re-assessment of the 25 certified baby-friendly hospitals and certification of 15 more hospitals. Micronutrient deficiencies will be addressed through flour fortification and vitamin A supplementation and through support to the development of appropriate policies and monitoring systems.

20. The better parenting project will aim to improve the early childhood care practices of mothers and fathers in a few pilot governorates through working with health staff, CCCU volunteers, and women's and community groups.

21. **Water and sanitation**. This programme comprises two projects in which most supplies will come from OFFP. Other resources will be used to rehabilitate infrastructure. The water supply project will provide some 5 million people with improved water quality and access through support to the rehabilitation and maintenance of 60 water treatment plants; installation of 30 compact water treatment plants in underserved rural areas; improvement of knowledge and skills of WES sector staff and communities; and support to the establishment of policies and mechanisms that increase efficiency in water resources management, including geographic information systems. The project will also promote policies and systems for water conservation and privatization of micro-WES schemes.

22. The environmental sanitation project will have two thrusts. The first will contribute to ensuring safe sanitation for some 4 million people through the rehabilitation of sewerage systems; the development and implementation of a monitoring system to enforce the law governing sewage disposal into fresh water bodies in six governorates; and the development, testing and promotion of a low-cost sanitation model for small urban communities. The second part of the project will focus on changing hygiene behaviour through a school hygiene initiative in 80 pilot child-friendly schools in Basrah and Baghdad governorates.

23. **Education**. The programme comprises two projects. The basic education project aims to improve the quality of learning of some 1.2 million primary school pupils in the south and centre of Iraq. This will be achieved through improving systems for school management and classroom supervision in 2,000 primary schools; developing and implementing a system for measuring learning achievement

in pilot schools; and enhancing educational data management capacities for planning and policy-making. Technical support will be given to increase the Government's capacity to produce textbooks. The teacher-training programme will be designed to include monitoring and evaluation of results and follow-up of trainees.

24. The area-based educational approaches project will aim to improve access and retention rates in 150 needy schools in five governorates representing some 70,000 pupils. Using school rehabilitation funded from other resources as an entry point, the project will also pilot the creation of "child-friendly" schools in two of these governorates. Such schools will fulfil five criteria: active school-parent-community relations; gender equity; child participation and individual expression; improved health for children; and achievement of desired learning outcomes. The criteria of improved health will be met through collaboration with the WES programme. The project will also promote non-formal educational approaches by providing basic education to 2,400 out-of-school girls in the same two governorates.

25. **Child protection and development**. This programme will emphasize the de-institutionalization and social integration of children in need of special protection and improvement of available services. Physical rehabilitation will be limited to available donor funding. The childhood disability project will aim to improve the quality of care and education services for disabled children in existing institutions; promote early detection and referral of disabilities; and support community-based rehabilitation (CBR) and integration of children with disabilities. Working with the National Centre for Early Detection of Childhood Disability, UNICEF will support the establishment of CBR units in selected governorates, and the training of teachers, social workers, caregivers, CBR staff and community volunteers. The second project — on children in need of special protection — will support the provision of basic services for orphans, street children, working children and children in conflict with the law, and promote their rehabilitation, family reintegration and social counselling. It will also assist in strengthening policy and institutional capacities.

26. **Communication**. This programme comprises three projects. The communication for behaviour change project will help to improve national capacities, including those of the media, to develop and implement programmes. It will support a series of cross-sectoral communication initiatives based on *Facts for Life* messages in order to achieve sectoral behaviour change objectives as identified by KAP studies. The advocacy for the children of Iraq project will support international and national efforts to advocate for Iraq's children and for practical measures that can be taken to improve their situation. Technical support will be provided to the National Child Welfare Commission to enable it to monitor and report effectively on the implementation of the Convention on the Rights of the Child. The gender and adolescents project will support the development of a national programme framework for adolescents and promote adolescents' active participation in the development and production of programmes and articles within the mainstream media. It will ensure a robust reporting process for the Convention on the Elimination of All Forms of Discrimination against Women, and ensure mainstreaming of gender issues within all UNICEF-assisted programmes.

27. **Planning and social statistics**. This programme will contribute to ensuring timely and close monitoring of the situation of children and women in Iraq, and the integration of children's and women's concerns in the national development planning process. The process will involve building the capacity of counterparts in data collection, analysis and social planning; assisting the Mother and Child Unit at the Central Statistical Organization to expand its central database; and supporting selected studies and surveys.

28. **Cross-sectoral costs** will cover programme implementation expenses not attributable to individual programmes, such as the costs of certain programme and operations staff not included in the support budget. Costs to strengthen programme monitoring and coordination will also be included.

Monitoring and evaluation

29. In response to observations from the 10-year review, an integrated monitoring and evaluation plan has been prepared for the country programme. Several key outcomes and process indicators will be monitored. Selected indicators will be measured through thematic evaluations. Annual and mid-year reviews will be organized to monitor progress towards the yearly objectives defined in annual project plans and the multi-year objectives.

Collaboration with partners

30. Due to Iraq's particular situation, there is no process for the United Nations Development Assistance Framework. Coordination is the responsibility of the Office of the Humanitarian Coordinator. UNICEF will continue to collaborate with all United Nations agencies: with WHO in polio eradication and child health; with the World Food Programme in nutrition; and with the United Nations Development Programme in selected studies and reports. Partnerships will continue with the relatively few NGOs present in the country. Collaboration with funding partners will be pursued both in-country and externally, since most donors have no in-country presence. Partnerships with local institutions will be broadened to include non-governmental partners such as the General Federation of Iraqi Women and the General Federation of Iraqi Youth.

Programme management

31. Intersectoral oversight of the country programme will be assured through regular programme reviews by the Government Steering Committee chaired by the Ministry of Health, which is also responsible for overall programme coordination. The Ministry of Foreign Affairs is responsible for policy matters related to programme implementation. The country office management team will meet regularly to monitor programme and management performance through the use of quality assurance indicators. Annual management reviews will also be conducted.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : IRAQ
PROGRAMME : 2002-2004

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH	820,000		820,000	0	0	0	0	0	0	0	1	0	1	0	115,512	115,512
PLANNING AND SOCIAL STATISTICS	152,000		152,000	0	0	0	0	0	0	0	0	0	0	0	0	0
WATER AND SANITATION	629,000		629,000	0	0	0	0	0	0	0	1	0	1	0	142,118	142,118
NUTRITION	818,000		818,000	0	0	0	0	0	0	0	1	0	1	0	115,512	115,512
EDUCATION	671,000		671,000	0	0	0	0	0	0	0	1	0	1	0	115,512	115,512
COMMUNICATION	371,000		371,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	1,461,000		1,461,000	0	0	0	2	0	0	2	1	2	5	1,106,038	303,955	1,409,993
CHILD PROTECTION & DEVELOPMENT	311,000		311,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR	5,233,000		5,233,000	0	0	0	2	0	0	2	5	2	9	1,106,038	792,609	1,898,647
OTHER RESOURCES :																
HEALTH		9,045,000	9,045,000	0	0	0	0	0	0	0	0	1	1	0	97,457	97,457
WATER AND SANITATION		4,899,000	4,899,000	0	0	0	0	0	0	0	1	1	2	0	220,190	220,190
NUTRITION		4,902,000	4,902,000	0	0	0	0	0	0	0	0	1	1	0	84,023	84,023
EDUCATION		5,277,000	5,277,000	0	0	0	0	1	0	1	0	1	2	449,410	84,023	533,433
CROSS-SECTORAL COSTS		2,400,000	2,400,000	0	0	0	0	0	0	0	2	9	11	0	980,803	980,803
CHILD PROTECTION & DEVELOPMENT		3,618,000	3,618,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		30,141,000	30,141,000	0	0	0	0	1	0	1	3	13	17	449,410	1,466,496	1,915,906
TOTAL RR & OR	5,233,000	30,141,000	35,374,000	0	0	0	2	1	0	3	8	15	26	1,555,448	2,259,105	3,814,553
SUPPORT BUDGET	Operating costs		684,757													
	Staffing			0	0	1	1	0	0	2	2	5	9	1,188,097	774,579	1,962,676
GRAND TOTAL (RR + OR + SB)				0	0	1	3	1	0	5	10	20	35	2,743,545	3,033,684	5,777,229
Number of posts and staff costs:																
Current programme cycle										8	11	21	40			
At the end of proposed programme cycle (indicative only)										5	10	20	35	2,743,545	3,033,684	5,777,229

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.